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		annia pivisiou		NORMAN ALKEN		(Depositor's name)
	. JŲ	, 1 3 1998	C / - 1			(Signature)
		· :		7/8	3/98	(Date)
APPLICATION NO.	FILING DATE	TAL CLAIMS		EXAMINER AND GROUP ART UNIT		DATE MAILED
08/560,024	√ 02/20/96≈ MJM//SC	009 CA	APUTA, A	4	1645	04/15/98
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO. AP	PPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 LUD-5354.1	-J 424-185.	100 C99	UTILI	TY YES	\$660.00	07/15/98
Change of correspondence address Use of PTO form(s) and Customer I Change of correspondence address PTO/SB/122) attached.	Number are recommended, b	ut not required. (a dence Address form	 the names of attorneys or age the name of a 	the patent front page, list up to 3 registered patent ints OR, alternatively, (2) single firm (having as a tered attorney or agent)	1 FULBRI	GHT & JAWORS
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ASSIGNEE NAME AND RESIDEN PLEASE NOTE: Unless an assigne Inclusion of assignee data is only a the PTO or is being submitted und	ee is identified below, no assiq appropiate when an assignme	gnee data will appear on t nt has been previously su	he patent. ubmitted to bsititue for	The following fees are e of Patents and Tradema State See	ırks):	ck payable to Commissioner

RESEARCH (B) RESIDENCE: (CITY & STATE OR COUNTRY) NEW YORK, NEW YORK Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER

(A) NAME OF ASSIGNEE LUDWIG INSTITUTE OF CANCER

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